## Headquarters, Pennsylvania Wing, Civil Air Patrol United States Air Force Auxiliary



REQUEST FOR TOURS / VISITS					
NAME OF UNIT REQUESTING TOUR;		· ·	UNITING	);	.,
DATE OF REQUEST:	,	TOUR REQUESTED:			
SIGNATURE OF UNIT COMMANDER:		<del>-l</del>	· · · · · ·		
PRINT NAME OF UNIT COMMANDER:	·			•••	
DATE OF TOUR: LEAVING		RETURNING:			
DEPARTING FROM		RETURNING TO:			
number of seniors:		MALE		FEMALE:	
NUMBER OF CADETS:		MALE	<u>.</u>	FEMALE:	
TOTAL NUMBER ATTENDING TOUR:				<u></u>	
TYPE OF TRANSPORTATION REQUESTED:				to and the second secon	-,-
\$	ental este en	en de la companya de		eligis <del>de</del> s Montre e <sub>e</sub> emir.	
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	- Maria and - The Committee of the Commi	NUMBER OF NIGHTS:	· · · · · · · · · · · · · · · · · · ·	e de la companya del companya de la companya del companya de la co	
BILLETING DESIRED:	- Single - Comment and Comment			The second se	
		NUMBER OF NIGHTS:			
BILLETING DESIRED: MESSING ON BASE:		NUMBER OF NIGHTS:			
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BILLETING DESIRED: MESSING ON BASE:		NUMBER OF NIGHTS:			
BILLETING DESIRED: MESSING ON BASE:		NUMBER OF NIGHTS:			
BILLETING DEGRED: MESSING ON GASE: SPECIFY DATES AND TIMES MEALS WILL BE NEEDED		NUMBER OF NIGHTS:		ATE:	
BILLETING DESIRED: MESSING ON BASE:		NUMBER OF NIGHTS:			

FORM MUST BE SUBMITTED TO WING AT LEAST 45 DAYS PRIOR TO TOUR / VISIT DATE